

Norris, McLaughlin & Marcus, P.A.

220 East 42nd Street, 30th Floor
New York, NY 10017

If each inventor understands English, the Declaration and Power of Attorney below is suitable for use when filing a regular patent application and also when entering the national stage, in the case of an International application designating the USA under the PCT.

COMBINED DECLARATION AND POWER OF ATTORNEY FOR
PATENT APPLICATIONAttorney Docket No.
101195-63

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,
I believe I am the original, first and sole inventor (if only one name is listed below at 201) or an original,
first and joint inventor (if plural names are listed below at 201-205) of the subject matter which is claimed
and for which a patent is sought on the invention entitled

Immunoadsorber for Use in Sepsis Therapy

the specification of which (check one)

_____ is attached hereto

___✓___ was filed on ___23 March 2000___

under Serial Number ___PCT/DE00/00927___ and was amended on _____
(if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification,
including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in
accordance with Title 37, Code of Federal Regulations, Section 1.56.

I list below any prior foreign application(s) for patent or inventor's certificate in respect of which foreign
priority benefits are claimed under 35 USC 119; and any prior foreign application(s) for patent or inventor's
certificate in respect of which such foreign priority rights are not claimed and which has a filing date before
that of any application in respect of which such foreign priority benefits are claimed:

Application Number	Country	Filing Date (day, month, year)	Priority Claimed under 35 USC 119
199 13 707.2	Germany	26 March 1999	YES: ___✓___ NO: _____
			YES: _____ NO: _____
			YES: _____ NO: _____

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional
application(s) listed below.

Application No.	Filing Date

Combined Declaration and Power of Attorney

101195-63

Page 2

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Bruce S. Londa (33,531) Lorimer P. Brooks (15,155) William R. Robinson (27,224)
Kurt G. Brisco (33,141) William C. Gerstenzang (27,552) Robert A. Hyde (46,354)
Davy E. Zoneraich (37,267) Mark A. Montana (44,948)

⑧

201	Family Name	First Given Name	Second Given Name
	<u>HEINRICH</u>	<u>Hans-Werner</u>	
	City of Residence	State or Foreign Country	Country of Citizenship
	<u>Riemsdorf</u>	<u>Germany</u>	<u>Germany</u>
	Post Office Address	City	State & ZIP/Country
	<u>Hauptstrasse 4</u>	<u>D-17498 Riemsdorf</u>	<u>Germany</u> DEX
202	Family Name	First Given Name	Second Given Name
	<u>HAHN</u>	<u>Hans-Jürgen</u>	
	City of Residence	State or Foreign Country	Country of Citizenship
	<u>Karlsburg</u>	<u>Germany</u>	<u>Germany</u>
	Post Office Address	City	State & ZIP/Country
	<u>Nepziner Weg 14 m</u>	<u>D-17495 Karlsburg</u>	<u>Germany</u> DEX
203	Family Name	First Given Name	Second Given Name
	<u>MEYER</u>	<u>Udo</u>	
	City of Residence	State or Foreign Country	Country of Citizenship
	<u>Hastorf</u>	<u>Germany</u>	<u>Germany</u>
	Post Office Address	City	State & ZIP/Country
	<u>Mitteldorfstrasse 4</u>	<u>D-18239 Hastorf</u>	<u>Germany</u> DEX
204	Family Name	First Given Name	Second Given Name
	<u>KRUSCHKE</u>	<u>Peter</u>	
	City of Residence	State or Foreign Country	Country of Citizenship
	<u>Greifswald</u>	<u>Germany</u>	<u>Germany</u>
	Post Office Address	City	State & ZIP/Country
	<u>Am St. Georgesfeld 60</u>	<u>D-17489 Greifswald</u>	<u>Germany</u> DEX

1-00

2-00

3-00

4-00

Combined Declaration and Power of Attorney

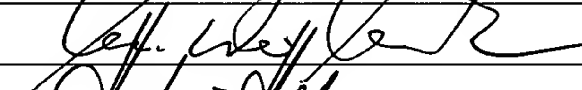
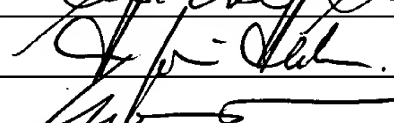
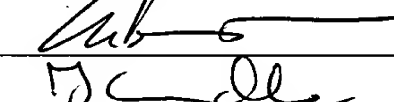
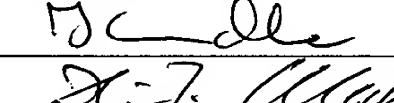

101195-63

Page 3

205

Family Name	First Given Name	Second Given Name
WAGNER	Heinz-Jürgen	
City of Residence	State or Foreign Country	Country of Citizenship
Berlin	Germany	Germany
Post Office Address	City	State & ZIP/Country
Walter-Friedrich-Strasse 3	D-13125 Berlin	Germany DEX

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 201		Date 11/07/01
Signature of Inventor 202		Date 7. 11. 2001
Signature of Inventor 203		Date 12. 11. 2001
Signature of Inventor 204		Date 09. 11. 2001
Signature of Inventor 205		Date 26. 11. 2001

5-00

105 104 103 102 101